

# Every care provider needs plain language

  
**Narratology**

  
**LAW  
ACCENT**

 [info@narratology.co.uk](mailto:info@narratology.co.uk)

 [info@lawaccent.co.uk](mailto:info@lawaccent.co.uk)



# Table of content

<b>Executive Summary</b>	<b>3</b>
<b>The risk of being unclear</b>	<b>5</b>
<b>Plain language is key to care</b>	<b>7</b>
<b>companies' compliance with laws and regulations</b>	<b>7</b>
<b>Plain language is key to care companies' success</b>	<b>10</b>
<b>Your framework for plain language</b>	<b>12</b>
<b>Before and after examples</b>	<b>16</b>
<b>How to start - 10 steps to take</b>	<b>17</b>
<b>Contact us to make your care communications clear, compliant, and inclusive.</b>	<b>19</b>





## Executive Summary

Unclear communication in care companies can cause harm, confusion, and mistrust. With the adoption of ISO 24495 by the British Standards Institute (BSI), we now have a formalised framework for plain language.

This white paper explains how care companies can use the plain-language standard to improve safety, support legal compliance, and build trust with service users, families and care providers.

Implementing the ISO standard for plain language provides a strong foundation for meeting communications requirements set out in the GDPR and the NHS Accessible Information Standard (AIS).

We offer practical steps and suggestions to help care providers make information clear and accessible for everyone.

## Complexity causes harm

Do you think plain language is a 'nice-to-have', something that would no doubt add value but is not a must-have for your care company? This white paper explains that plain language isn't optional. It's a necessity if you are to comply with the principle of informed consent.

Plain language is not about making words sound nice. It's about helping people to make informed decisions. If your service users and staff cannot make informed decisions, they are likely to experience harm. Let's look at some examples:

A family signs a consent without reading it. They didn't realise that daily updates would be shared by text messages only. This meant that they missed the text message updates as they did not provide the right number in the consent form.

In several NHS legal reviews (Tugcu, St Mary's Hospital), patients have signed consent forms for data sharing and treatment without fully understanding what they were agreeing to.

In one case, a patient with limited English signed a form that allowed their medical information to be shared across multiple departments and external providers.

They later discovered that sensitive details had been accessed by professionals they had never met - and hadn't expected to be involved in their care.

The issue wasn't just translation - the form itself was written in dense, technical language that even native English speakers

would find difficult to interpret.

Legal experts noted that such cases often lead to claims of medical negligence, not because of the treatment itself, but because the consent wasn't truly informed.

This example underscores the legal and ethical importance of plain language in data privacy notices and consent documentation. If service users don't understand what's being done with their data, consent is invalid and trust has disappeared.



*A landmark Supreme Court judgement showed that the legal test for determining what is sufficient disclosure before consent is not what a reasonable doctor would warn about but what a reasonable patient would expect to know (Queen Mary University of London, 2020).*

### References:

Tugcu, I: 'Language barriers in the NHS leading to claims due to lack of consent', Bolt Burdon Kemp, 2017

Queen Mary University of London, 'Sharp rise in NHS negligence claims for lack of informed consent', 2020



## The risk of being unclear

The stories above show that unclear communication isn't just a paperwork problem. It can lead to risks that will affect your care company commercially and legally. Let's outline some of the risks of complexity.

### **Safety risks**

When people do not understand instructions or cannot explain how they feel, medicines, diet, mobility, and safeguarding can all go wrong. Miscommunication can lead to missed allergies, incorrect dosages, or unsafe care plans.

### **Risk to rights**

If explanations are not understandable, consent is not truly informed and people cannot use complaints or rights processes fairly. This undermines legal protections and exposes providers to regulatory scrutiny.

### **Reputational risks**

If families and carers start having conflict because of misunderstanding, this will affect the reputation of your care company, as it will lead to complaints.

### **Efficiency risks**

Unclear information leads to costly mistakes that take time and money to put right.

### **Information governance and privacy risks**

Privacy information that people cannot follow is not transparent, which risks unfair processing under UK GDPR and the Data Protection Act 2018.

If individuals don't understand how their data is collected, used, or shared, consent may be invalid – and the organisation may be in breach of its data protection obligations.



# Plain language is key to care companies' compliance with laws and regulations

Let's look in a bit more detail at some of the laws and regulations that show how important plain language is to care companies from a legal and compliance point of view.

## **UK GDPR & Data Protection Act 2018: transparency and valid consent.**

Care companies must explain data use clearly and in plain language so residents and families can make informed choices.

The law requires privacy information and rights communications to be concise, transparent, intelligible and easily accessible (Articles 12–14).



If you rely on consent (for example, for optional updates or non-essential sharing), it must meet these conditions:

1. The consent must be given with a clear, affirmative act (not by inference or a pre-ticked box for examples).
2. The consent must be kept separate from other terms (not hidden in contracts or bundled with other terms).
3. The consent must be easy to withdraw (taking back consent should be just as simple as giving

it. People must know how to do this and feel free to change their mind).

4. The consent must be freely given (the person must have a real choice and not be pressured).
5. Consent must be specific (you must explain what data you're collecting and why. Vague or general consent isn't valid).
6. Consent must be informed (people need to understand what they're agreeing to - including how their data will be used and who will see it. This is where plain language really matters).

These common tactics are red flags:

1. Pre-ticked boxes.
2. Links or references to long pieces of content that the service user does not have time to read.
3. Legalese that the service user is unlikely to understand.
4. Assuming consent from silence or inactivity.
5. Not explaining how to withdraw consent.

## NHS Accessible Information Standard (AIS): principles for participation

AIS sets the expectation that people who have a disability, impairment, or sensory loss can access and understand information about their care and get the communication support they need to take part in decisions. This includes when those services are delivered in or to care homes as part of NHS or adult social care provision.

In practice for care homes, AIS is guided by these principles:

- Person-centred accessibility: You should start from each resident's specific information and communication needs (and, where relevant, those of involved family or unpaid carers) so materials and conversations are genuinely usable.
- Continuity and reliability. Communication needs must be identified, recorded, flagged, shared, met and reviewed across the resident's journey. Accessible formats and support need to be at each step of the process, not only at the start and end.
- Visibility with action: Records of needs should prompt staff to act (so the records need to be clear and able to be shared between care givers easily)
- Timely, proportionate adjustments: If the resident needs a particular adjustment, you must provide the right formats and professional support promptly so they can understand, decide and participate.

# Plain language is key to care companies' success

## The BSI ISO standard for plain language

If implemented correctly, plain language can help care companies to comply with the transparency and informed choice that come out of these requirements. With the adoption of ISO 24495 by the British Standards Institute (BSI), we now have a formalised standard for plain language.

The standard gives a framework for how to build transparency and choice into documents, forms, and workflows from the start.

### What is the definition of plain language?

*According to ISO 24495, plain language is communication in which wording, structure and design are so clear that intended readers can easily:*

- *find what they need*
- *understand what they find, and*
- *use that information*

<b>Accommodation related to</b>	<b>Barriers to reading or signing</b>	<b>How plain language helps</b>
Vision (sensory) — low vision, cataracts, glaucoma	Small text, poor contrast, cluttered layouts	Longer text, strong contrast, clear headings, simple layouts that work with screen readers
Hearing (sensory) — hearing loss, tinnitus	Reliance on spoken explanations, noisy environments	Written summaries of key points, short sentences, clear signposting of actions/choice
Cognitive & memory — dementia, brain injury, mild cognitive impairment	Memory lapses, reduced processing speed, overload	Everyday words, short clauses, visual supports (icons, timelines), yes/no options
Communication & language processing — stroke/aphasia, apraxia of speech	Word-finding, reading comprehension, expressive difficulties	Plain fonts, generous spacing, bullet lists, minimal numbers and jargon
Learning differences — dyslexia, dyscalculia	Decoding dense text, tracking complex numbering	Front-loaded summaries, clear actions, short sections with informative headings
Attention & executive function — ADHD, post-ICU cognitive fatigue	Distractibility, difficulty prioritising, long forms	Simple vocabulary, consistent terms, concrete examples, easy translation/interpretation
Language & literacy — English as an additional language, limited literacy	Idioms, complex grammar, culture-specific terms	Shorter forms, tick-boxes, clear labels, space for brief answers
Motor & dexterity — Parkinson's, arthritis, tremor	Handwriting or signatures needed, complex form-filling	Calm tone, clear choices, reassurance about rights and information about who to speak to if there are problems
Mental health — anxiety, depression	Reduced concentration, heightened threat response	Concise messages, key information up front, repeat-back confirmations
Temporary states — stress, fatigue, pain, medication side-effects	Slower reading, low tolerance for complexity	Concise messages, key information up front, repeat-back confirmations
Digital access & confidence — low digital skills, limited device access	Navigating through different sites and apps, having to download apps,, downloading attachments	Stepwise instructions, simple file formats, alternative channels (print, SMS, phone)

Let's now dive into more detail of what plain language actually is.

# Your framework for plain language

The ISO standard gives four governing principles for plain language:

- *Relevance* - does the document meet reader needs?
- *Findable* - can the reader find the information they need?
- *Understandable* - can the reader understand the information?
- *Usable* - can the reader make use of the information?

Here is a brief summary of how you can translate this into your care company's communications.

## Relevant — focus on the decision and the context

Here is a brief summary of how you can translate this into your care company's communications. When you're asking for consent, you need to really think about the reader so that you can meet their needs.

Start by identifying your readers. These could be:

- Residents
- Family members
- A person who holds Power of Attorney

For each type of reader, analyse their motivations, purposes and how they would feel about giving or not giving consent. Think about their existing knowledge of consent, and their past experiences. Do they know what consent is? Are they likely to have had a

negative experience? Note the context: many of these readers would be in vulnerable situations. Whether someone is receiving care at home, moving into supported accommodation, or being admitted into a care home, the experience can be stressful and overwhelming. There might be limited time. And looking at any legal document often brings about emotional states such as pain, stress, confusion or fear. This shapes both what to include and how to include it.

### *Acknowledge stress and limit the load*

If readers are distressed or unwell, reduce cognitive load: prioritise only what's needed to decide, front-load key points, and repeat essential messages in brief call-outs or a one-page summary.

Keep supplementary details in a separate section or handout.

### *Address outside information and myths*

Anticipate what families may have "heard" about consent (for example, that consent is "all or nothing").

Tackle misconceptions in plain wording, label what is known/unknown, and present content ethically and transparently.

Also explore:

- The audience's literacy levels and any accommodations you need to make for them
- Why they're reading (to understand options, say yes/no, and know how to change their mind)
- Where the conversation happens (admissions, bedside, review).

Then pick the right format for that moment. This could be a short form, a letter, a text message, or a one-page explainer.

## The 'How should we communicate with you' letter

You should make sure that you have gathered key communications needs from service users.

Dear [Service user's name] / [Family member or attorney/ advocate's name],

We want to make sure you (and anyone who supports you) can easily understand the information we give to you.

Please tell us what would help:

### 1) How you'd like us to contact you

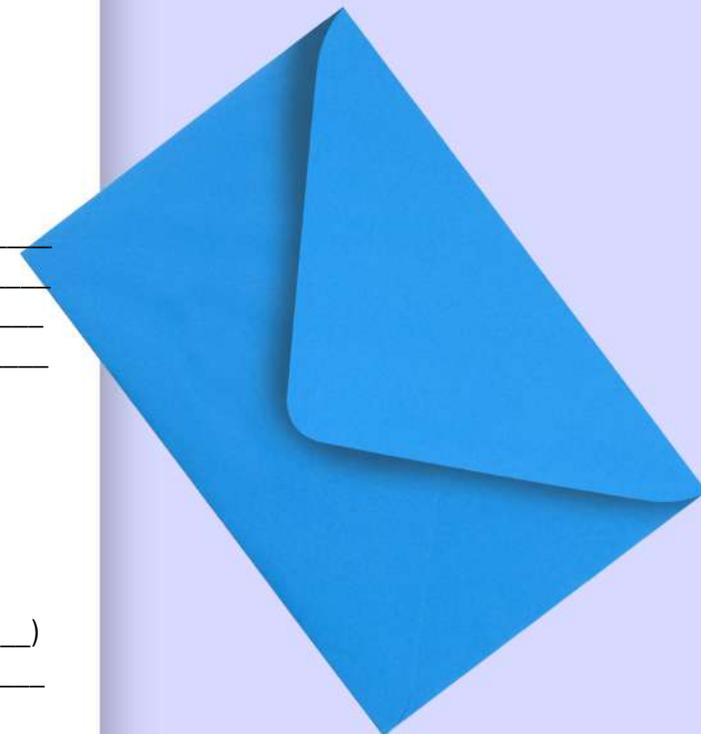
- Letter by post
- Email: \_\_\_\_\_
- Text message (SMS): \_\_\_\_\_
- Phone call: \_\_\_\_\_
- Other (please tell us): \_\_\_\_\_

### 2) Formats that work best for you

- Large print
- Easy Read
- Audio
- Braille
- Translated information (language: \_\_\_\_\_)
- Other: \_\_\_\_\_

### 3) Support for conversations and meetings

- British Sign Language (BSL) interpreter
- Lipspeaker / speech-to-text support
- Longer or quieter appointments
- Have a family member/advocate with me
- Other: \_\_\_\_\_



#### 4) Anything else that helps you communicate

(For example, hearing aids, screen readers, reading pens, preferred time of day, memory aids.)

---

If you would like us to send updates to a family member or advocate, please add their details below. We'll record your preference and make sure the right consent is in place.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

You can change your preferences at any time. We'll record what you tell us in your care record so all staff know how to communicate with you.

Please:

- hand this form to a member of staff, or
- email it to [care company's email], or
- call us on [phone number] and we'll note your preferences for you.

Kind regards,

[Name]

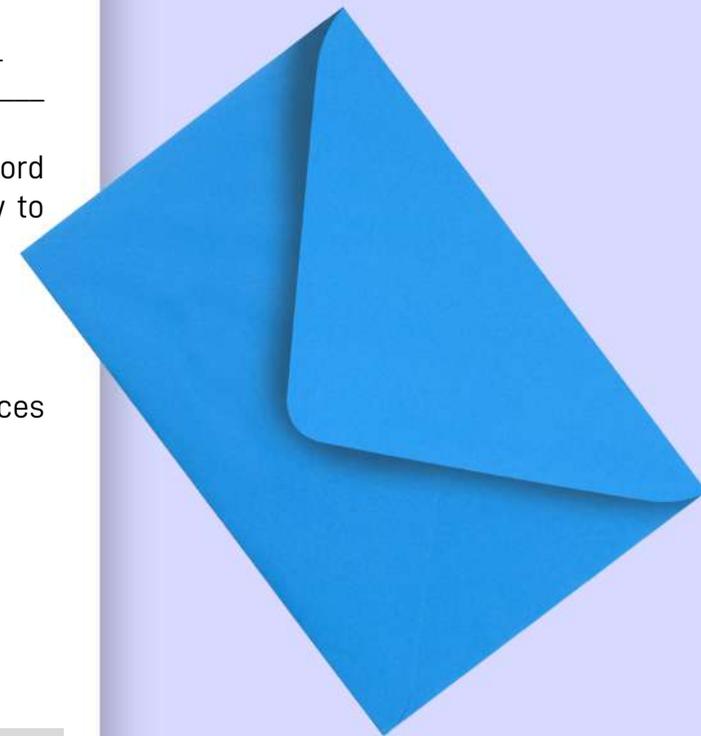
[Role]

[Care company's name]

[Contact details]

Optional short text you can use on posters or SMS:

"Tell us how you want us to communicate with you. We can provide large print, Easy Read, interpreters and more. Call [number] or email [address] to set your preferences."



## **Findable — show the essentials first**

“You should lay out information in the order people naturally look for it. Use clear, question-style headings so staff, residents and families can jump to answers quickly.

Where there is extra detail, (for example, a fuller list of data sharing or retention times), keep it in a clearly marked section that doesn't get in the way of the consent decision.

The ISO guidance stresses structuring for readers, meaningful headings, and keeping supplementary information separate so critical points stand out.

## **Understandable — everyday words, steady pace**

Explain choices in plain, precise language. Use familiar words, one idea per sentence and short paragraphs.

If there are legal terms you can't avoid, then make sure you have clearly explained them. Examples could be “withdraw consent’ or “lasting power of attorney’.

Keep the tone respectful and consistent across forms, letters and care-plan notes so people don't have to relearn terminology

This aligns with ISO direction on word choice, sentence and paragraph clarity, and maintaining a cohesive, respectful tone in legal communications.

## **Usable — check it works in real life and keep it current**

You should check documents with real readers where possible and make revisions according to the feedback you get. Re-check over time using a short checklist to confirm the four principles are still met.

ISO is clear that “usable” means you evaluate and improve over time, not just publish once. Doing this also makes it easier to evidence that your communications help people access, understand and act, supporting both UK GDPR transparency and the NHS Accessible Information Standard in practice.

# Before and after examples

We have seen there is a lot more to plain language than simple rewriting. However, it is useful to see some examples of how complex legalese can be simplified.

Here is a typical example:

'This portability right only applies when our lawful basis for processing your information is consent, or for the performance of a contract; and we are carrying out the processing by automated means (i.e. excluding paper files).' This is a 36-word sentence with numerous clauses and an unexplained legal term, portability. The sentence is broken up by 'or' and then by 'and', which makes it particularly hard to understand. For someone under stress, it would fail a plain-language test.

We can rewrite the sentence into:

You may ask us to pass your medical record to other medical service providers only if:

- We use automated systems for handling your data (not paper files)
- You either consented to us using your data or we are using it under a contract

Here the overall word count is more. However, we have broken the sentence up into two clearly structured bullet points. Readability levels went from post-graduate to grade 5. We managed to explain portability.

# How to start - 10 steps to take

All of this might sound intimidating. But remember you don't have to do it all at once. Here is a 10-step list of what you can start with, and how to progress.

## 1. Appoint a communications owner

They will work with the Data Protection Officer and a small committee to steer plain-language, consent and AIS work.

## 2. Map the moments that matter

List where consent and privacy decisions happen. Pick the top three to fix first.

## 3. Unbundle choices

Turn combined permissions into clear, separate options with a short explanation for each, so residents and families can say yes to some and no to others.

## 4. Rewrite the essentials

Produce plain-language versions of privacy notices, consent forms and key letters using question-style headings and short sections.

## 5. Capture communication needs

Add the "how should we communicate with you?" step to admission and reviews.

## 6. Offer more than one format

Provide information in at least two ways (for example, large-

print pack and email; Easy Read and a short conversation). Think about whether translations are necessary.

## 7. Check understanding

Use teach-back ("In your own words, what will we do?") for important decisions and record that it happened in the notes.

## 8. Make withdrawing consent easy

Give a simple, clearly signposted route to change a decision at any time, and say how quickly you'll act.

## 9. Train and support staff

Run short refreshers with examples of good wording, and give a one-page guide for shift notes to avoid jargon and ambiguity.

## 10. Review and prove it

Every quarter, sample a few forms and letters to see if they're relevant, findable, understandable and usable.



## Biography of Frances Gordon

Frances Gordon is a financial content strategist and plain-language consultant with over 20 years' experience helping teams produce content that is transparent, compliant, and accessible.

Frances has served on the board of Plain Language Association International and is now its UK Ambassador. She also sits on the ISO 24495 localisation committee.

As director of Narratology, Frances sets organisational standards for plain language. She believes in the power of AI to scale plain language, making it available to more organisations, and ultimately benefiting more consumers.

She is a South African, now living in the UK.

## Biography of Eyitayo

Tayo Ogunyemi is a foreign trained solicitor, data protection consultant, and plain language advocate. Tayo helps care providers, charities, and startups understand and meet their legal responsibilities - especially around data protection and privacy.

Through Law Accent, he supports organisations with outsourced DPO services, training, and plain language resources tailored to the care sector.

He believes that plain language is not just a communication tool - it's a way to build trust, reduce risk, and improve outcomes for people in vulnerable situations.

Tayo is a Nigerian, based in the UK.

**Contact us to make your  
care communications clear,  
compliant, and inclusive.**

**Book a free 20 minute mini-audit**

You can schedule a free 20-minute online review of one of your high-risk documents (such as a privacy notice, consent form, etc.)

**Book a training session**

We offer short, practical workshops for both staff and management - delivered on-site or virtually.

**Put key documents into plain language**

We can work with you to create versions that everyone can understand.

**Contact Frances or Eyitayo directly:**

- **Frances:** [frances@narratology.co.uk](mailto:frances@narratology.co.uk)
- **Eyitayo:** [eyitayo@lawaccent.co.uk](mailto:eyitayo@lawaccent.co.uk)

**Narratology**

**LAW  
ACCENT**